



05-25-05

3739 #
ERW

PATENT
Attorney Docket No. 0320-0014 (HOOV 114)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re application of:)
Michael D. Hooven)
Serial No. 10/038,506)
Filed: November 9, 2001)
Group Art No.: 3739)
Examiner: Rosiland S. Rollins)
For: TRANSMURAL ABLATION)
DEVICE WITH PARALLEL)
JAWS)

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2. Fee Transmittal Form PTO/SB/17 (1 sheet);
3. Amendment and Response to Non-Final Office Action of February 24, 2005 (13 sheets);
4. Information Disclosure Statement and Form PTO/SB/08A (3 sheets);
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Name: Renée C. Barthel

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/038,506
	Filing Date	November 9, 2001
	First Named Inventor	Michael D. Hooven
	Art Unit	3739
	Examiner Name	Rosiland S. Rollins
Total Number of Pages in This Submission	Attorney Docket Number	0320-0014

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Cook, Alex, McFarron, Manzo, Cummings & Mehler, Ltd.		
Signature			
Printed name	Renee C. Barthel		
Date	May 24, 2005	Reg. No.	48,356

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class EXPRESS mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the			
Signature			
Typed or printed name	Renee C. Barthel	Date	May 24, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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<i>Effective on 12/08/2004.</i> <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i>		Complete if Known	
FEE TRANSMITTAL for FY 2005		Application Number	10/038,506
		Filing Date	November 9, 2001
		First Named Inventor	Michael D. Hooven
		Examiner Name	Rosiland S. Rollins
		Art Unit	3739
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	0320-0014
TOTAL AMOUNT OF PAYMENT		(\$)	\$180.00

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☐ Deposit Deposit Account Number: 50-1039 Deposit Account Name: Cook, Alex, McFarron, et al.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid(\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Multiple Dependent Claims		
Total Claims	Fee (\$)	Fee Paid (\$)
_____ - 20 or HP = _____ x <u>\$25.00</u> = <u>\$0.00</u>		

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
_____ - 3 or HP = _____ x <u>\$100.00</u> = <u>\$0.00</u>			

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE


If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listing under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	<u>0</u>	<u>0</u> / 50 (round up to a whole)	x <u>\$125.00</u>	= <u>\$0.00</u>

4. OTHER FEE(S)

Non-English specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Information Disclosure Statement Filing Fee \$180.00

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	48,356
Name (Print/Type)	Renee C. Barthel		Date
			May 24, 2005

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